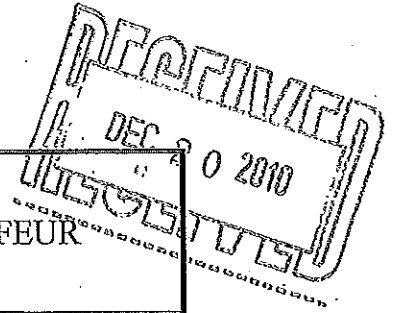




TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE



To the Local Permit Agent:

Date: 12-20-2010

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Ed Refeen

ADDRESS: 79 berkshire tel Cummington, ma.
01026

TELEPHONE: (413)-207-5042 OR (413) 230-8498

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: Cott's Co taxi

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HEIGHT: 5-11" WEIGHT: 225 HAIR: brn EYES: Hazle

DRIVER'S LICENSE #: 59 881 8373

DATE OF EXPIRATION: 12-02-2014

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Ed Refeen

APPROVED/NOT APPROVED: [Signature] Date: 1-3-2011

Chief of Police

Date

Date Approved/Denied: _____ License # _____

Remarks: _____



TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE

To the Local Permit Agent:

Date: 1/7/11

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Patrick Condon

ADDRESS: 261 Belchertown RD, Apt B, Amherst MA 01002

TELEPHONE: 508-566-3315

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: Green Transportation

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HEIGHT: 5'10" WEIGHT: 200 lb HAIR: Brown EYES: Blue

DRIVER'S LICENSE #: S 87580940

DATE OF EXPIRATION: _____

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Patrick Condon

APPROVED/NOT APPROVED: _____

Chief of Police

Date

1-11-2011

Date Approved/Denied: _____ License # _____

Remarks: _____

☆Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 12/20/10

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: R. Kent Reyes

ADDRESS: 8 South St. P.O. 102
Cheshire, CT 06012

TELEPHONE: 417-296-5015

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: AAron's Transportation

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HEIGHT: 6'2" WEIGHT: 250 HAIR: Bk EYES: Yk

DRIVER'S LICENSE #: 5 75TB 2976

DATE OF EXPIRATION: 8/17/14

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: [Signature]

APPROVED/NOT APPROVED: [Signature] 1-14-2011
Chief of Police Date

Date Approved/Denied: _____ License # _____

Remarks: _____

★Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002